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By Tracy Crews at 7:57 am, Jun 18, 2020



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX DMT SN 500046	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 06/16/2020
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LOCATION OF INSTRUMENT (STREET AND CITY) 10 N.E. Tudor Road, Lee's Summit	TIME OF INSPECTION 14:33:45
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CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC RECORD	
DATE AND TIME <u>06/16/2020 14:33:47</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.9°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>47.8°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS	
<input type="checkbox"/> SIMULATOR STANDARD	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE

<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u>	LOT # <u>AG905203</u>	EXP. DATE <u>02/21/2021</u>
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<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIMULATOR SN _____	SIMULATOR EXP DATE _____
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<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.	
<input checked="" type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1: 0.100	TEST 2: 0.100	TEST 3: 0.100
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 5	.05-.09: 0	.10-.14: 1	.15-.19: 2	OVER .19: 0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

Maintenance before Transport to Troop A for Update

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME W J LUZENKO
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TYPE II PERMIT NUMBER 280271	EXPIRATION DATE 09/05/2020	TELEPHONE NUMBER
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RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services
Southeast District Office
2875 James Blvd, Poplar Bluff, MO 63901



Airgas USA LLC (LAB)
 3500 Bernard Street
 St. Louis, Mo. 63103
 Ph: (314) 533-3100
 Fax: (314) 533-7328

Certificate of Analysis

Customer Name
 Exclusive Supplier
 Intoximeters, Inc.
 2081 Craig Road
 St. Louis, Mo 63146

Test Date: 22-Feb-2019

Lot # AG905203 Model 108cacc

Exp. Date
 21-Feb-2021

Cyl. Type
 108

Component
 Ethanol
 Nitrogen

Certified Concentration
 0.100 ± 2% BrAC (260 ppm)
 Balance

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.
 EB0010581
 EB0010570
 EB0010285
 EB0010561
 EB0010681

Concentration
 392.1 ppm
 259.8 ppm
 208.0 ppm
 103.6 ppm
 52.12 ppm

RGM Serial No.
 EB0010603
 EB0010559
 EB0010595
 EB0010562
 EB0010579

Concentration
 393.0 ppm
 258.2 ppm
 208.3 ppm
 104.2 ppm
 52.81 ppm

CRM Serial No.
 CC434668
 CC234503

Concentration
 800.0 ppm
 253.0 ppm

CRM Serial No.
 0056649
 0056662

Concentration
 390.1 ppm
 150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
 Date: 2019.02.27 13:07:54 -08:00
 Reason: Dry gas standard certification of analysis
 Location: Airgas USA LLC (Lab)

Approved for Release: _____

Rod Marsala

 Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3082.06
ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

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PERMIT
TYPE II
WALTER J. LUZENKO

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 9/5/2018

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 280271

EXPIRES 9/5/2020

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB 4 (R6 10)

STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator LUZENKO, WALTER
 Permit No 280271
 Date Issued 9/5/2018 Date Expires 9/5/2020